EXHIBIT B

TO THE DECLARATION OF GINA ALTOMARE IN SUPPORT OF PLAINTIFFS' MOTION TO FILE SECOND AMENDED COMPLAINT

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF ALAMEDA

M.H., a minor, through his Guardian Ad Litem, Michelle Henshaw, JOSEPH HARRISON, KRYSTLE HARRISON, MARTIN HARRISON, JR., and TIFFANY HARRISON, all Individually and as Co-Successors in Interest of Decedent MARTIN HARRISON,

Plaintiffs,

-vs-

COUNTY OF ALAMEDA, a municipal corporation; SHERIFF GREGORY J. AHERN, in his individual and official capacities; DEPUTIES MATTHEW AHLF, ALEJANDRO VAL VERDE, JOSHUA SWETNAM, ROBERTO MARTINEZ, ZACHARY LITVINCHUK, RYAN MADIGAN, MICHAEL BARENO, FERNANDO ROJAS-CASTANEDA, SHAWN SOBRERO, SOLOMON UNUBUN, and DOES 1-20, individually, jointly and severally,

Defendants.
_____/

CASE NO. C11-2868 CW

DEPOSITION OF MEGAN HAST

Taken before JOAN GRIER
Certified Shorthand Reporter
State of California
C.S.R. License No. 8958

July 2, 2012

INDEX

DEPOSITION OF MEGAN HAST

Pursuant to Notice of Taking Deposition, and on Monday, July 2, 2012, at the hour of 9:59 a.m., at the LAW OFFICES OF HADDAD & SHERWIN, 505 Seventeenth Street, Oakland, California, before me, JOAN GRIER, Certified Shorthand Reporter, personally appeared MEGAN HAST, produced as a witness in the above-entitled action, who, having been first duly sworn, was thereupon examined as a witness to said action.

APPEARANCES

Julia Sherwin, Attorney at Law, and Gina Altomare, Attorney at Law, HADDAD & SHERWIN, 505 17th Street, Oakland, California 94612, were present on behalf of the plaintiffs.

Benjamin Nisenbaum, Attorney at Law, LAW OFFICES OF JOHN L. BURRIS, 7677 Oakport Street, Suite 1120, Oakland, California 94621, was present, as indicated, on behalf of the plaintiffs.

J. Randall Andrada, Attorney at Law, and Valerie Ly, Attorney at Law, ANDRADA & ASSOCIATES, 180 Grand Avenue, Suite 225, Oakland, California 94612, were present on behalf of the defendants.

MEGAN HAST,
sworn as a witness by the Court Reporter,
testified as follows:
EXAMINATION BY MS. SHERWIN

MS. SHERWIN: Q. Have you had your deposition taken before?

A. No.

Q. So I'll just briefly explain the process to you. While we're in a law office and in a casual setting right now, your deposition testimony is just as important as court testimony.

You're under oath, so you need to answer all the questions as truthfully as you can. If you don't understand any of my questions, let me know, and I'll be happy to repeat or rephrase the question just to make sure you understand it.

If you need a break, feel free to let me know. I don't imagine we'll be here very long, but if you need a break, that's okay.

If you answer a question, we'll all assume that you understood the question. So it's important to make sure you understand the question. This isn't a memory test or a test of guessing or speculating. So it's important to just testify about what you know.

In a few weeks you'll get a transcript in a booklet

format that you'll be allowed to review and make any changes that you like. But you need to know that if you make substantive changes, either I or my co-counsel can comment on those changes and ask the judge or the jury to draw inferences that are adverse to you with respect to your credibility. So it's important to make sure that you give us your best testimony today.

You need to answer all the questions verbally. So if you have an affirmative answer, you need say "yes" instead of "uh-huh" so our court reporter can take it down.

A lot of times in a normal conversation, you'll anticipate what the person is saying and just go ahead and answer the question. But I need you to please be patient with me and let me get my question into the record before you answer it, because the court reporter can only take down one of us at a time.

From time to time, Mr. Andrada may object to one of my questions, but you're still required to answer the question unless he specifically instructs you not to answer the question. Okay?

A. Okay.

Q. Could you please spell your first and last name.

A. M-e-g-a-n H-a-s-t.

Q. Have you reviewed any documents before your deposition today?

A. Yeah.

Q. What did you review?

A. My timeline and my note.

Q. Anything else?

A. And I saw my transcript.

Q. The transcript of your interview?

A. With the Sergeant.

MS. SHERWIN: Could you mark this as Exhibit 1 and this one as Exhibit 2.

(Plaintiffs' Exhibit 1 was marked for identification.)

(Plaintiffs' Exhibit 2 was marked for identification.)

MR. ANDRADA: I'm sorry. Which one is No. 1?

MS. SHERWIN: No. 1 is the timeline.

Q. I'm going to hand you what our court reporter has marked as Exhibits 1 and 2 to your deposition.

For the record, Exhibit 1 is a timeline of events with a Bates stamp at the bottom of Pages 1074 through 1076.

And Exhibit 2 is a Department of Behavioral Health Services Mental Health Division progress note with the Bates stamp at the bottom of Page 130.

Ms. Hast, could you please take a look at these documents and tell me whether they're the documents that you reviewed prior to your deposition?

A. Yes.

MR. ANDRADA: Excuse me. Hang on.

THE WITNESS: Yes.

MS. SHERWIN: Q. And in Exhibit 1, you reviewed all three pages, right?

A. Yes.

Q. Did you write each of those documents?

A. Yes. Yes.

Q. And at the time that you were writing those documents, you were being thorough and accurate, correct?

A. Yes.

Q. You didn't leave any substantive information out of either of the documents, as far as you recall, did you?

MR. ANDRADA: Hang on. Objection. Vague and ambiguous. Overly broad.

But go ahead. You can answer if you can.

THE WITNESS: To the best of my knowledge, yes.

MS. SHERWIN: Q. To the best of your knowledge, no, you didn't leave anything out, right?

A. Oh, no. This is everything.

Q. What was your purpose in writing the timeline

in Exhibit 1?
A. To have more of an idea. I was asked if I had an idea of times.
Q. Who asked you that?
A. My supervisor, I think, asked me if I had that.
Q. Who was that?
A. Millie Swafford.
Q. What is Millie Swafford's position?
A. She's the Director of Criminal Justice Mental Health for the Behavorial Health Services.
Q. What was your purpose in writing the progress note that was Exhibit 2?
A. That's the note that I wrote on my shift. Every time I have a client that I see or don't see on my shift, we have to write a note, a clinical note.
Q. So Exhibit 2 was the clinical note that you wrote at the time that you had contact with anyone within Alameda County regarding Martin Harrison, right?
MR. ANDRADA: I'm sorry. Objection. Vague and ambiguous. Overly broad.
Go ahead and answer it if you can.
THE WITNESS: Yes. It was the note that I wrote on my shift.
MS. SHERWIN: Q. Do you remember approximately when you wrote the note?

A. I don't remember the time, but I wrote it on my shift.
Q. And what was your shift at that time in August of 2010?
A. It was the p.m. shift for booking. Intake, transfer, and release is what it's called. My shift is 3:30 to 11:30 p.m.
Q. Did you work Monday through Friday?
A. Yes. But not that shift.
Q. So you worked different shifts throughout the week, but that particular day you were working the p.m. shift, right?
A. Yes.
Q. We'll go over each of these documents a little bit later.
Do you have any licenses other than a driver's license?
A. I'm registered as an associate social worker.
Q. When did you receive that registration?
A. In 2007.
Q. Can you please briefly recount your education beyond high school.
A. I received a bachelor's degree from the University of North Carolina Chapel Hill in international studies and Spanish. And I received my master's degree

from the University of California Berkeley in social work.
Q. When did you receive your master's degree?
A. In 2007.
Q. And after receiving your master's degree, that's when you became a registered associate social worker?
A. Yes.
Q. What is your current employment?
A. Alameda County Behavioral Health Care Services in the Criminal Justice Mental Health Department.
Q. Is that the same job that you had in August of 2010?
A. Yes.
Q. Do you have the same job assignments that you had in August of 2010?
A. No.
Q. What is your current assignment?
A. I am working with the Behavioral Health Court. That started in August of 2009. I also work with Criminal Justice Mental Health also. But my position changed.
Q. When you say Criminal Justice Mental Health, is that a part of Alameda County, as far as you know?
A. Yeah.
Q. So your employer would be Alameda County, right?

A. Yes.
Q. In August of 2010, your employer was Alameda County, right?
A. Yes.
Q. Did you start working with Alameda County -- strike that.
When did you first start working with Alameda County?
A. I started in 2007.
(Mr. Nisenbaum enters deposition room.)
MS. SHERWIN: Let's go off the record for one second.
(Discussion off the record.)
MS. SHERWIN: Could you read back the last question and answer.
(Record read as follows:
"QUESTION: When did you first start working with Alameda County?
"ANSWER: I started in 2007.")
MS. SHERWIN: Q. In August of 2010, what, in general, were your job duties?
A. I worked in the housing units in Santa Rita Jail, and I worked -- it changed because that was -- I was working with the Behavioral Health Court, which started in 2009. But I was still working with criminal -- with

Criminal Justice Mental Health in the jail as well and had a position there. And I would do -- for a while, I had a permanent position in ITR, intake, transfer, and release booking one day a week Mondays, Monday evenings. And I don't remember if that was still my position at that time, because I was doing -- I was working in the Behavioral Health Court as well, and I was working at the jail. But I also would do overtime with booking. Intake, transfer, and release.

Q. So when you worked in the housing unit at Santa Rita Jail in August of 2010, what were your job duties?

A. In the housing unit?

Q. Yes.

A. I saw clients who were referred to us, did crises intervention, brief therapy, and referrals for medication stabilization.

Q. When you did referrals for medication stabilization, would that -- strike that.

Obviously, you're not allowed to prescribe medication, right?

A. Right.

Q. So when you were doing a referral for medication stabilization, would that sometimes involve an inmate who was not on medication but, in your professional opinion, needed to be evaluated by someone who had the

ability to prescribe medication that they might need?

A. Yes.

Q. In the course of your education and training as a social worker, have you received training about alcohol withdrawal?

MR. ANDRADA: Overly broad.

But go ahead if you can.

THE WITNESS: No specific training. We had information in graduate school, classes where we studied substance abuse.

MS. SHERWIN: Q. In the course of your work with Alameda County prior to August of 2010, did you receive any training in recognizing the signs and symptoms of alcohol withdrawal?

A. No training.

Q. In the course of your employment with Alameda County up to today, have you received any training in recognizing the signs and symptoms of alcohol withdrawal?

A. No.

Q. In the course of your employment with Alameda County, have you received any training in recognizing the signs and symptoms of delirium tremens?

A. No.

Q. Do you know what delirium tremens is?

A. Yes.

Q. What is it?

MR. ANDRADA: Again, it's overly broad.

But go ahead.

THE WITNESS: From my understanding, it is a medical emergency when somebody is withdrawing from alcohol.

MS. SHERWIN: Q. Where did you receive that understanding?

A. From my general education with understanding in my classes in graduate school, learning about the different substances abuses and some of the signs and symptoms.

Q. So the understanding that you have regarding what delirium tremens is comes from when you were at UC Berkeley, right?

A. Yes.

Q. Does the Alameda County Department of Behavioral Health have a policy manual for folks who are working in the housing units to use?

A. The CJMH has policies and procedures for all of the jail, all of the positions that we work.

Q. And those are documents that are accessible to you?

A. Yes.

Q. Do you have your own copy, or is it someplace

for people to use?

A. Yeah, it's available for -- I think it's also available online. But there is a manual, I think.

Q. When you say "available Online," is it your understanding that any member of the public can look Online and find those?

A. Actually, I don't mean Online. I mean, in our documents. I mean online on the computer.

Q. In your computer.

A. Not Online. Sorry. We have the documents on our -- the files.

Q. When you say "CJMH," you're talking about Criminal Justice Mental Health?

A. Yes.

Q. That's part of Alameda County?

A. Yes.

Q. Have you ever seen any CJMH policies or procedures regarding delirium tremens?

A. Specifically, no. I haven't looked up a policy and procedure regarding that.

Q. Have you seen any CJMH policies or procedures regarding alcohol withdrawal?

A. Yes, I probably have. I don't remember. I haven't looked -- I really haven't looked at that recently.

Q. Did you receive any training as long as you've worked at Alameda County about what to do if you evaluate an inmate who exhibits the signs and symptoms of the medical emergency of delirium tremens?

MR. ANDRADA: Again, objection. Vague and ambiguous. Overly broad.

Go ahead if you can. Do you want her to read it back? She can read it back if you want.

THE WITNESS: The question, yeah.

(Record read as follows:

"QUESTION: Did you receive any training as long as you've worked at Alameda County about what to do if you evaluate an inmate who exhibits the signs and symptoms of the medical emergency of delirium tremens?")

THE WITNESS: Yes. We've had -- I guess I don't call it -- I don't call it training because we have staff meetings, but they are trainings, I guess, essentially. But we have talked about when -- when we notice certain signs or symptoms what to do.

MS. SHERWIN: Q. Okay. What are the signs and symptoms that you've been trained to notice with respect to delirium tremens?

A. Specifically, I guess it can be a number of

Go ahead and answer the question as best you can. If you want her to read it back, she can read it back.

THE WITNESS: Could you read it back, please.

(Record read as follows:

"QUESTION: Hallucination may be a sign that the person is in severe alcohol withdrawal rather than mild alcohol withdrawal, right?")

MR. ANDRADA: Same objection.

But go ahead and answer it if you can.

THE WITNESS: Hallucinations don't necessarily mean that somebody is in alcohol withdrawal. People can have hallucinations without -- people that don't use substances can have hallucinations.

MS. SHERWIN: Q. But if a person is in alcohol withdrawal and is having hallucinations, that would be an indication to you that their alcohol withdrawal is severe rather than mild, right?

MR. ANDRADA: Again, same objections. Overly broad. Vague and ambiguous.

Go ahead if you can.

THE WITNESS: Yes. It would be more serious.

MS. SHERWIN: Q. Have you been trained that tachycardia or elevated heart rate is a sign of alcohol withdrawal?

things. A lot of them are physical. If they have, like, they're physically shaky, or they have, like, their pulse is high, or they can also be exhibiting bizarre behavior that some people would say is mental illness. Yeah. I think -- I mean, those are some of them. A lot of them are physical. Often, when I am asked to notice signs and symptoms, if there is alcohol withdrawal, I look at that as a medical issue as opposed to a mental health issue.

Q. Okay. And I'll ask you about that in one second. But in terms of the signs and symptoms, I just want to make sure we've got everything you can think of right now.

A. Shaking. Elevated pulse. Sometimes, I guess, they can be red. Sometimes, I think, like, clammy skin. A lot of physical things, I think.

Q. And you said --

A. Disoriented also sometimes. Or confused.

Q. Have you been trained that a person who is hallucinating may be in alcohol withdrawal?

A. Yes.

Q. Hallucination may be a sign that the person is in severe alcohol withdrawal rather than mild alcohol withdrawal, right?

MR. ANDRADA: Objection. Vague and ambiguous. Overly broad. No foundation.

A. Yes. It can be.

Q. And if the person is agitated, that can be a sign of alcohol withdrawal, right?

A. It can be.

Q. If the person has extreme anxiety, that could be a sign of alcohol withdrawal, right?

A. Yes.

Q. And if the person is mumbling incoherently, that can also be a sign of alcohol withdrawal, right?

A. Yeah.

Q. You mentioned earlier that you view alcohol withdrawal as a medical issue rather than a mental health issue. What do you mean by that?

A. When somebody is having alcohol withdrawal, from what we've been trained at the jail, it's important that medical personnel be dealing with it, because we can't provide medications to deal with that. It's a medical issue that needs to be addressed by medical personnel.

Q. And it needs to be addressed immediately because it's a medical emergency sometimes, right?

MR. ANDRADA: Objection. Vague and ambiguous. Overly broad.

Listen to the question. Go ahead and answer it if you can.

THE WITNESS: Can you repeat the question.
(Record read as follows:
"QUESTION: And it needs to be addressed immediately because it's a medical emergency sometimes, right?")
THE WITNESS: It can be.
MS. SHERWIN: Q. So when you evaluate an inmate who exhibits the signs and symptoms of alcohol withdrawal, is it your training that you are to refer that person for evaluation by medical personnel?
A. Yes.
Q. And that medical personnel would include a physician?
A. Yes. Primarily, it would be nursing staff at the jail, whoever is there that can evaluate the person.
Q. Okay. And then the nursing staff would have to have a physician take a look at the inmate in order to prescribe the medication that he needs, right?
MR. ANDRADA: Objection. Vague and ambiguous. Overly broad. May call for speculation. Assumes facts not in evidence.
But go ahead if you can.
THE WITNESS: They would have to make that decision.
MS. SHERWIN: Q. So when you encounter an inmate

whether you know about any such policies in the jail.
THE WITNESS: It's a medical issue. As far as I know, the County -- CJMH will evaluate people. If it's deemed to be a substance withdrawal, that's a medical issue, and that has to be dealt with by the medical staff at the jail, which is not Alameda County.
MS. SHERWIN: Q. And do you know what the policies or procedures within the jail are for caring for an inmate who has gone into delirium tremens?
MR. ANDRADA: Again, same objections. Overly broad.
Go ahead.
THE WITNESS: I don't know what the procedure is. I mean, again, if somebody is evaluated to have a substance issue -- a serious issue that they're withdrawing, then that's a medical issue that would be referred. That needs to be dealt with by them.
MS. SHERWIN: Q. When you receive a call to evaluate an inmate who is disoriented to time and place and acting in a bizarre manner, do you review his chart before you see him?
A. Yes.
Q. How do you go about getting his chart?
A. I have to go search for it.
Q. Where would a chart typically be for an inmate

who exhibits the signs and symptoms of alcohol withdrawal, is it your understanding that what you need to do at that point is get them medical professionals to take care of the inmate?
MR. ANDRADA: Again, objection to the form. Vague and ambiguous. Overbroad.
Go ahead.
THE WITNESS: Yes. I have to do the research and actually evaluate a person to make a decision fully about that. But if I evaluate someone and it looks like it is alcohol withdrawal, which is a medical issue, then, yes, I absolutely will let them know.
MS. SHERWIN: Q. As far as you're aware, what are the policies and procedures within Alameda County for detoxification of people who have alcohol dependency?
A. I don't know.
Q. Do you know what the policies and procedures within Alameda County are for preventing alcohol withdrawal?
A. For the entire county?
MR. ANDRADA: Hang on.
MS. SHERWIN: Within the jail.
MR. ANDRADA: Again, objection. Slow down. Stop. Objection. Vague and ambiguous. Overly broad.
I think she's indicated that she wants to know

who is housed in Housing Unit 33, for example?
A. Well, all of the charts are in a certain place. Most charts. So I would go to that place to look for the chart.
Q. Where are the charts?
A. What's called the muster room.
Q. When you receive a call to do an evaluation on an inmate who is disoriented to time and place and acting in a bizarre manner, the first thing you do is go to the muster room to get the chart?
A. No.
MR. ANDRADA: Again, vague and ambiguous. Overly broad.
You answered the question.
THE WITNESS: No.
MS. SHERWIN: Q. What's the first thing you typically do?
A. I research the person. I look for them on the computer. I see -- I look for what we call their -- on mainframe to find their jail status. I look in our mental health database to see if they have mental health history. And I look in -- I try to find their nurse screener.
Q. When you say you try to find their nurse screener, you're saying you try to find the person who screened them?

A. No.
Q. What is the nurse screener?
A. It's a form that a nurse fills out when they interview someone when they -- in booking.
MS. SHERWIN: Mark that as Exhibit 3.
(Plaintiffs' Exhibit 3 was marked for identification.)
MR. ANDRADA: Q. I'm going to hand you what has been marked as Exhibit 3 to your deposition, which, for the record, is a packet of documents that my office received in response to our request for Martin Harrison's complete medical records from Alameda County Prison Health Services.
I'm going to direct your attention to the last two pages of Exhibit 3 and ask you if those are documents that you would call the nurse screener? Either of those documents.
A. This document.
Q. The last page of Exhibit 3, right?
A. Yes.
Q. Let me get a copy of that specifically.
MR. ANDRADA: Let's take just two minutes. Can we do that? It won't be long.
(Recess taken from 10:31 a.m. to 10:33 a.m.)
(Mr. Nisenbaum not present.)

(Plaintiffs' Exhibit 4 was marked for identification.)
MS. SHERWIN: Back on the record. While we're waiting for Mr. Nisenbaum to return, I'll just hand the witness what's been marked as Exhibit 4 to the deposition, which, for the record, is the same page as the last page of Exhibit 3 which the witness has identified as the nurse screener.
(Mr. Nisenbaum re-enters deposition room.)
MS. SHERWIN: Q. Is Exhibit 4 the nurse screener that you've said you tried to find before you go to see an inmate that you're supposed to evaluate?
A. Yes.
Q. And what do you do after you find the nurse screener?
MR. ANDRADA: Again, vague and ambiguous. Overly broad.
But go ahead and answer it if you can.
THE WITNESS: I compile all the information that I've researched. And I have to triage each of the referrals that I have. So that's usually what I do. And then, I go from there.
MS. SHERWIN: Q. When you say you have to triage each of the referrals, what do you mean?
A. Whenever I get referrals, either from nurses or

deputies, I have to -- I do this for every referral that I get. I research them, and I have to get all this information. And then I have to triage the referrals that I get with the information.
Q. And when you say you have to triage them, what do you mean?
A. I have to look at the information that I've gotten, the referrals, and the circumstances with each person, what's going on. And then I follow up with interviewing, if that's what needs to happen --
Q. Where do you typically -- I'm sorry. I didn't mean to interrupt you.
Go ahead.
A. -- for evaluation.
Q. Where do you typically find the nurse screener when you look for it?
A. Initially, I look in booking. If a person just -- has just been in jail or just entered the jail, their nurse screener was in the -- is usually in the nursing office, a copy of it, and I'll look there for it.
Q. For someone who has been in jail for three days, do you typically find the nurse screener in the nursing office?
A. Yes, usually.
Q. And you do all of this research and triage

before you go to evaluate the inmate, right?
A. Yes.
Q. What is the next thing you do after you get the information that you've identified?
MR. ANDRADA: Again, it's vague and ambiguous. Overly broad.
Go ahead.
THE WITNESS: Like I said, with the information I get, I triage where to go, what clients to see, or not see.
MS. SHERWIN: Q. So you create an order for yourself of the clients that you're going to see. Is that what you mean?
A. I triage what I have in front of me. When I come in, I have to check everything that is there when I get there and continue throughout the shift. So I triage -- I don't know how else to...
Q. When you first start your shift at Santa Rita Jail, do you check the telephone messages?
A. Yes.
Q. And one of the things you're checking for is to see if there are any inmates who need you to come and evaluate them, right?
A. Yes.
Q. And then if you get a phone message to evaluate

an inmate who is acting bizarrely and disoriented to time and place, in general, what's the next thing you do after receiving that phone message?

MR. ANDRADA: Again, vague and ambiguous. Overly broad.

THE WITNESS: I research, try to get what information I can. And with that information I follow up with either the housing unit deputy, the nurse. Or, if the person is in booking, follow it up.

MS. SHERWIN: Q. When you say you follow up, does that mean you call the deputy to see if you can come and see the inmate?

A. Yes.

Q. And so before you make that follow-up call to the deputy, you've already typically done your triage work, right?

A. Yes.

Q. Do you remember the incident involving Martin Harrison in August of 2010?

A. Yes.

Q. Do you remember receiving the call from the deputy on the answering machine requesting that you evaluate the inmate?

A. Yes.

Q. I have also a copy of your interview by

Sergeant Kyle Ritter. In your answering of Sergeant Ritter's questions, you were honest and accurate, correct?

A. Yes, to the best of my knowledge.

Q. And you didn't leave any information out when you were answering his questions, did you?

MR. ANDRADA: Again, objection. Vague and ambiguous. Overly broad.

Go ahead.

THE WITNESS: I answered as best I could with what I remembered.

MS. SHERWIN: Q. Having had a chance to review the transcript of your interview, would it be fair to say that nothing stood out in your mind as something you omitted from your answers to Sergeant Ritter at that time?

A. I don't think so.

Q. Nothing stands out, as you sit here today?

A. I don't think so.

Q. Do you recall thinking that it was Deputy Wolfe who left you the message regarding Martin Harrison?

A. I don't remember. If I wrote that, then that is probably what I remembered. I can't remember right now.

Q. The interview that you gave on September 23rd, 2010 was at a time when your memory of the events was much more clear that it is today, right?

A. Right.

Q. If you told Sergeant Ritter that you were fairly sure that Deputy Wolfe was the person that left you the message, you have no reason to dispute that today, right?

A. Right.

Q. Do you remember doing the research regarding Martin Harrison that you typically do when you receive one of those calls?

A. Yes.

Q. Do you remember finding Mr. Harrison's nurse screener form?

A. Yes. I think so.

Q. And that would have been something that you reviewed before you called the deputies to see if you could come and see Mr. Harrison, right?

A. Yes. Usually I do.

Q. Okay.

A. Yeah.

Q. I'm taking a look at Exhibit 2, which is your progress note from August 16 of 2010. Do you see about midway in the page where you state, quote, "Only reported alcohol use and placed on CIWA"?

A. Yes.

Q. And Exhibit 2 was something that you wrote,

correct?

A. Yes.

Q. What did you mean when you said, "Only reported alcohol use and placed on CIWA?

A. From the sentence before, I was referring to the nurse screener that I wrote: "Inmate came into custody 8/13 denying mental health problems" in the nurse screener. So no referral was made. Only reported alcohol use and placed on CIWA. That would have been the reference to what I saw on the nurse screener.

Q. And the nurse screener is Exhibit 4, right?

A. Uh-huh. Yes.

Q. And so when you reviewed the nurse screener, you saw that with reference to Question No. 21 about alcohol use, Martin Harrison reported that he drinks every day, and his last drink was today, right?

A. Yes.

Q. And you also saw that Martin Harrison was coming in with a history of alcohol withdrawal and was placed on CIWA, correct?

A. Yes.

Q. So when you saw the letters C-I-W-A in the nurse screener, that to you meant CIWA, correct?

A. Yes.

Q. What was your understanding of what CIWA meant?

A. My understanding is that it's the observation that the nursing staff has for someone who could potentially have alcohol withdrawal.
Q. Do you know Nurse Sancho?
A. No.
Q. But you didn't have any problem reading her handwriting on the nurse screener, right?
MR. ANDRADA: Objection. Vague and ambiguous. Overly broad.
Go ahead.
THE WITNESS: Could you ask the question again.
(Record read as follows:
"QUESTION: But you didn't have any problem reading her handwriting on the nurse screener, right?")
THE WITNESS: Right.
MS. SHERWIN: Q. Do you have any knowledge of what the Santa Rita Jail's policies and procedures are for an inmate who is on CIWA?
A. It's the nursing -- it's the nursing procedure. So my -- the understanding that I have of CIWA is that that's what the protocol that the nursing staff uses for alcohol withdrawal. And that -- I mean, that's -- I see that, and I think they are on alcohol withdrawal protocol, the CIWA.

Q. Do you have an understanding of what the alcohol protocol for CIWA is?
A. I don't know specifically.
Q. So according to your understanding, that's something that the nurses would be in charge of, right?
A. Yes.
Q. If the person needed medication or nutritional support or close observation, that would be something that the nurses would be in charge of making sure they get, right?
A. Yes.
Q. Do you know what the acronym "CIWA" stands for?
A. I don't know.
Q. Do you know whether or not it stands for Clinical Institute Withdrawal Assessment?
A. I don't know.
Q. In the course of your job with Alameda County in Santa Rita Jail, have you ever filled out a CIWA assessment form for anyone?
A. No.
Q. That's something the nurses would do, right?
A. To my understanding, yes.
Q. So let's take a look at Exhibit 2. You filled this chart note out on August 16th, 2010, during the same shift in which you were asked to evaluate Martin Harrison,

right?
A. Yes.
Q. What does the 311 and 1:00 refer to?
A. The 311 is the code that it says down at the bottom for collateral. And the 1:00 is the time, like, an hour. It signifies one hour.
Q. Are you saying that you spent one hour on this issue?
A. Yeah.
Q. Could you please, starting with the received message, read for us what you wrote in your progress note of August 16th regarding Martin Harrison.
MR. ANDRADA: And read slowly. And you really get a gold star if you can look at the reporter as you're reading it. It makes it a little easier for her.
MS. SHERWIN: You don't have to look at the reporter. She can hear you fine.
THE WITNESS: "Received message from Housing Unit 33 deputy regarding inmate who was placed on IOL in ISO cell this a.m. due to bizarre behavior and statements. Not oriented to place. Believed he was in his apartment and women there. Per deputy, he was mumbling incoherently. Saw a nurse but not receiving any meds. Inmate came into custody 8/13. Denied mental health problems in nurse screener so no referral made. Only

reported alcohol use and placed on CIWA. Inmate has no PSP history. This writer initially unable to eval inmate because deputy staff was unavailable. When this writer went to eval, when deputy staff available, deputies reported that inmate was tased during a struggle with deputy staff while inmate was being moved to a different cell as he had flooded current cell and broke his food trays. Per deputy, inmate was agitated and yelling at the wall that someone was trying to kill him. Inmate was sent Code 3 to Valley Medical. Will schedule follow-up TBA/M.D., 8/18."
MS. SHERWIN: Q. What did IOL in ISO cell mean when you wrote that?
A. IOL is intensive observation log. And ISO cell is an isolation cell.
Q. What is your understanding of the intensive observation log?
A. It is when someone is being monitored by deputy staff.
Q. Do you know how often the person is being monitored?
A. There's different kinds of observations on the intensive observation log. I think there's a close observation and an intensive observation. I'm not exactly sure. But I think there's 15 minutes and 30 minutes.

Q. And you weren't told in this voice mail from the deputy which level of observation Martin Harrison was on, correct?
A. No.
Q. Just that he was on intensive observation, right?
A. Yes.
Q. And the line, "saw nurse but not receiving any meds," is that something that the deputy said in his message?
A. I don't remember if it was in the message or when I talked to a deputy.
Q. In the course of your work as a social worker in the Alameda County jail system, you understand the acronym ETOH to refer to alcohol, right?
A. Yes.
Q. And you understood from the nurse screener that Martin Harrison had a history of alcohol withdrawal, right?
A. Well, it's written on here.
Q. The C with the line across it followed by HX and then of ETOH and W/D, you understand that to mean with history of alcohol withdrawal, right?
A. Yes.
Q. What did you mean when you said "has no PSP

(Plaintiffs' Exhibit 5 was marked for identification.)
MS. SHERWIN: Q. The court reporter has marked as Exhibit 5 to your deposition Alameda County Sheriff's Office Detention and Corrections Policy and Procedure 13.01, Medical and Health Care Services.
Have you ever seen this policy document before?
A. Yes, I think so. It's in our policy and procedure.
Q. And is it your understanding that as an employee of Alameda County you're required to follow the written policies and procedures that apply to you in the performance of your job?
A. Yes.
Q. Have you been trained to respond to health-related situations within four minutes?
MR. ANDRADA: Objection. Vague and ambiguous. Overly broad.
Go ahead.
THE WITNESS: No.
MS. SHERWIN: Q. Prior -- I'm sorry. Go ahead.
A. You asked for health?
Q. Health-related situations.
A. No. We don't respond to health-related situations, as far as I know. That's a medical issue,

history"?
A. That's the mental health database, I guess, that I research. It's the system that we have for Alameda County.
Q. So your research indicated that Martin Harrison had not been seen within Alameda County for any mental health problems. Is that right?
A. Yes.
MR. ANDRADA: How you doing? All right?
THE WITNESS: Um-hmm.
MS. SHERWIN: Q. How long would it typically take for you to get from your work area to Housing Unit 33 to evaluate an inmate?
MR. ANDRADA: I'm sorry. You mean physically go there?
MS. SHERWIN: Yeah.
MR. ANDRADA: Okay.
THE WITNESS: Maybe ten minutes. Five to ten minutes, depending. It's pretty far away.
MS. SHERWIN: Q. If you were to walk there from your work location without anyone stopping and interrupting you, you should be able to get there within five to ten minutes?
A. I would say yes.
MS. SHERWIN: Would you mark this, please.

health.
Q. You respond to mental health-related situations, right?
A. Yes.
Q. Have you been trained to respond to mental health-related situations within four minutes?
MR. ANDRADA: Vague and ambiguous as to what you mean by respond and to mental health -- I think you said mental health situations.
Go ahead and answer the question if you can.
THE WITNESS: I've been trained to respond as soon as I can to referrals and to do my job.
MS. SHERWIN: Q. Have you ever received any training within Criminal Justice Mental Health that the Sheriff's Office sworn and civilian staff are to respond to health-related situations within four minutes?
MR. ANDRADA: Again, vague and ambiguous. Overly broad.
Go ahead if you can.
THE WITNESS: No, not that I know of.
MS. SHERWIN: Q. Have you been trained to recognize the signs and symptoms of chemical dependency?
A. What do you mean by trained?
Q. Have you been trained within Alameda County, since you've started working there, to recognize the signs

and symptoms of chemical dependency?
A. Yes.
Q. And an inmate who comes into the jail with a history of alcohol withdrawal would be someone who has signs and symptoms of chemical dependency, right?
MR. ANDRADA: Objection. Vague and ambiguous. Overly broad.
Listen to the question. Go ahead and answer the question if you can.
THE WITNESS: Could you ask the question again?
MS. SHERWIN: Q. I'll ask you a different question.
Let's take a look at Exhibit No. 4, please. You saw Martin Harrison's nurse screener that he drinks every day, and his last drink was that day, right?
A. Yes.
Q. And you also saw that he had a history of alcohol withdrawal and was placed on a CIWA, correct?
A. Yes.
Q. So you understood that to mean that Martin Harrison had signs and symptoms of chemical dependency with the chemical being alcohol, right?
A. I understand that he reported that he had used alcohol and had a history of alcohol withdrawal. Because this, the nurse screener, they ask the inmate questions.

So I look at that and say this person reported -- like I said in my note, they reported alcohol use. And they were placed on CIWA.
Q. Okay. So what you're saying is, Martin Harrison would have reported to the intake nurse that he had a history of alcohol withdrawal, correct?
MR. ANDRADA: Calls for speculation as phrased.
But go ahead and answer the question if you can.
THE WITNESS: When I read the screener, what they've written on the screener, I read as what they reported to the nurse, I guess.
MS. SHERWIN: Q. And people who get alcohol withdrawal get withdrawal because they're dependent on alcohol, right?
MR. ANDRADA: Overly broad. Vague and ambiguous.
Go ahead if you know.
THE WITNESS: Yes.
MS. SHERWIN: Q. What is the procedure for requesting a mental health evaluation of an inmate, as far as you're aware?
A. Could you ask the question again.
MS. SHERWIN: Could you read the question back, please.
(Record read as follows:
"QUESTION: What is the procedure for

requesting a mental health evaluation of an inmate, as far as you're aware?")
MR. ANDRADA: Again, it's vague and ambiguous. Overly broad.
But go ahead if you can.
THE WITNESS: The referral procedure can come from different places. I mean, referrals can come from many different places. We get referrals from the nurse when they've done the screener. And if somebody answers certain questions that are mental-health related, or they report a history of mental health, we also get -- we can get referrals if somebody is acting bizarre or if they want somebody to -- mental health to evaluate somebody or interview them.
So the procedure -- I mean, they can put in a mental health referral form. They can call us. And it comes from many different places.
MS. SHERWIN: Q. The jail has a mental health referral form that deputies use to refer inmates for mental health evaluations, right?
A. There's a mental health form, referral form. In my experience, it's usually been from nursing staff that the referral forms come from. It's usually we get a copy of that referral form from the nurse in booking, usually, with a screener from somebody.

Q. As far as you know, does Criminal Justice Mental Health play any role in taking care of inmates who are at risk of alcohol withdrawal?
MR. ANDRADA: Vague and ambiguous. Overly broad.
Go ahead.
THE WITNESS: We can evaluate them. We don't provide the treatment. The medical provides treatment. As far as my understanding is, when somebody has alcohol withdrawal or any substance, it's the medical that provides the treatment and care.
MS. SHERWIN: Q. Okay. So as far as you know, once an inmate is placed on CIWA, Criminal Justice Mental Health is not involved in taking care of the inmate with respect to his risk for withdrawal from alcohol, for example, right?
A. Right.
Q. Is it your understanding that deputies can request a medical evaluation of an inmate at any time?
A. I don't know.
Q. Do you know what the procedure is within the jail regarding handling medical evaluations of inmates between the hours of 11:00 p.m. and 8:00 a.m.?
MR. ANDRADA: Again, vague and ambiguous. Overly broad.
Go ahead.

THE WITNESS: I don't know. I know our policy for those. There's nursing staff 24 hours in the jail, but I don't know their policy.
MS. SHERWIN: Q. What is your policy for evaluating an inmate who has a mental health issue arise between the hours of 11:00 p.m. and 8:00 a.m.?
MR. ANDRADA: Again, vague and ambiguous. Overly broad.
THE WITNESS: If there is a mental health issue between the hours of 11:00 p.m. and 8:00 a.m., there's an on-call clinician that -- the number, along with a form, is available for any staff, deputy or nursing staff, to contact for -- there's, like, a list of situations that they can call that on-call. But it's their -- that information is there. There's not somebody on site.
So they'll usually call the on-call clinician. It's up to the discretion. So I don't know exactly. But we have a form that people, nursing and deputy staff, can see, depending on the situation, to respond.
MS. SHERWIN: Q. Have you ever acted in the role of on-call clinician?
A. No.
Q. But it's your understanding, if an inmate has a mental health problem arise that requires an immediate evaluation, the deputies can call the on-call clinician,

announced, but it's what we write when we have -- it's a new client. Somebody who isn't already assigned to a clinician.
Q. So you were going to schedule an appointment with Martin Harrison either with Criminal Justice Mental Health or the M.D.?
A. No. That's -- the TBA/M.D. all means for Criminal Justice Mental Health. It's a new person being referred to CJMH for clinician appointment and possibly an appointment, if necessary, with a psychiatrist. It's all for CJMH.
Q. Does CJMH have on-call psychiatrists for the jail?
A. There's on-call in the evenings and weekends for medication bridging. So, yes, there's an on-call psychiatrist.
Q. If an inmate has a psychiatric emergency requiring treatment by a psychiatrist during the evening or on a weekend, is there an on-call psychiatrist who would be available to handle that?
A. During the hours that a clinician is available, yes. That a clinician is at the jail, yes.
Q. I'm not sure what you mean by during the hours of when a clinician is in.
Let's say an inmate has a psychiatric emergency at

right?
A. Yes.
Q. Did you create -- let me see what this number is -- Exhibit 2 in the course of your regular job duties?
A. Yes.
Q. At Santa Rita Jail?
A. Yes.
Q. And that was a document that you created to document the work that you had done in connection with Martin Harrison and was a part of your job as a psychiatric social worker at the jail, right?
A. Yes.
Q. And that document would have gone into Martin Harrison's medical chart, correct?
A. Yes. I think so.
Q. As far as you're aware?
A. (Witness nods head.)
Q. When you said at the bottom of Exhibit 2 that you would schedule a follow-up, it looks like "TBA/M.D. 8/18," what did you mean by that?
A. That's just a follow-up appointment in our clinic to follow up with a clinician and a doctor if necessary. It's an appointment.
Q. And what does TBA stand for?
A. Well, I guess it actually means to be

4:00 in the morning. If the inmate has a psychiatric emergency requiring treatment or evaluation by a psychiatrist at 4:00 in the morning, does the Alameda County Santa Rita Jail have an on-call psychiatrist who could respond to that emergency?
A. No.
Q. Would the inmate have to be transferred outside of the jail to a psychiatric hospital in that circumstance?
A. Yes, if it was a psychiatric emergency that couldn't be dealt with in the jail.
Q. And if an inmate had a medical emergency like delirium tremens at 4:00 in the morning, would the inmate also have to be transferred outside of the jail at that point?
MR. ANDRADA: No foundation. Calls for her to speculate. It's vague and ambiguous and overly broad.
But go ahead.
THE WITNESS: I don't know because that's medical. And just -- yeah, I don't know.
MS. SHERWIN: Q. Do you know whether or not, when an inmate is placed on a CIWA because of a history of alcohol withdrawal, the deputies in the jail are told to watch for signs and symptoms of alcohol withdrawal with respect to that inmate?

MR. ANDRADA: No foundation. Calls for her to speculate. Vague and ambiguous.
But go ahead and answer it can you can.
THE WITNESS: I don't know. It's a medical protocol.
MS. SHERWIN: Q. Looking at the notes you wrote, which are Exhibit 1, how long after your work with respect to Martin Harrison did you write the timeline of events that is Exhibit 1?
A. I think this was a couple of days after. I don't know exactly when.
Q. And you wrote the document at the instruction of your supervisor?
A. My supervisor was asking if I had a timeline and if I could provide some sort of timeline.
Q. So at 4:00 in the afternoon on August 16, you listened to a phone message that had been received about 30 minutes earlier asking for Criminal Justice Mental Health to evaluate Martin Harrison, right?
A. Yes.
Q. And then you called the housing unit and spoke with the technician a half an hour after you listened to the message. Is that right?
A. If it says it here, then, yes. All of these are abouts because I don't know exactly, exact times. I

just guessed about it.
Q. What did you do during the 30 minutes between the time you received the phone message and the time you called?
A. I looked at -- well, I would imagine -- I don't know for sure exactly what I did, but when I go on shift, I listen to the messages. I try to get all of the referrals, all of the information that I have, and triage.
Q. Okay.
A. Figure out what -- I look at what I have and figure out what needs to happen.
Q. So when you do all of the research that you've identified earlier, you do that for all of the inmates before you call the housing units, correct?
A. Yes. Usually I want to have an idea about -- I want to have research about this person so I know what's going on with them.
Q. And in the call about Martin Harrison, you were informed that Mr. Harrison was on intensive observation because of bizarre behavior and statements, right?
A. Yes.
Q. And that he was not oriented to place, believing that he was in his apartment and women were there, correct?
A. Yes.

Q. And you were also informed that he was mumbling incoherently, right?
A. Yes.
Q. By time you made the call to the housing unit, you found out from the nurse screener that Martin Harrison had a history of alcohol withdrawal and was placed on a CIWA, right?
A. Yes.
Q. And as we've discussed earlier in your deposition today, hallucinating can be a sign of alcohol withdrawal, right?
A. It can.
Q. And having bizarre behavior can be a sign of alcohol withdrawal, right?
A. Yes, it can.
Q. And being disoriented to time or place can also be a sign of alcohol withdrawal, right?
A. Um-hmm.
Q. You need to answer audibly.
A. Yes.
Q. And mumbling incoherently can also be a sign of alcohol withdrawal, right?
A. Yes.
Q. At the time that you called the housing unit, did you have any thought that Martin Harrison might be

having alcohol withdrawal given all of the information you had about him by that time?
A. It could have been, yes. It was a possibility.
Q. And if he was having hallucinations from alcohol withdrawal, that would mean that his withdrawal was more serious, correct?
MR. ANDRADA: Objection. Vague and ambiguous. Overly broad. Calls for her to speculate.
But go ahead.
THE WITNESS: It could.
MS. SHERWIN: Q. Now, when you called the housing unit, you were told that the deputy would be leaving in a half an hour, right?
A. Yes.
Q. But you did not go to the housing unit after learning that the deputy would be leaving for half an hour until a half an hour after your call. Is that correct?
A. It says about. So I'm not completely positive of exact times, but I would say about, yeah.
Q. Did it occur to you that with the deputy leaving in about half an hour, it would be a good idea to go to the housing unit and evaluate Martin Harrison before the deputy left?
A. Yes.
Q. And why didn't you do that?

A. I had -- I would imagine that I was looking at all of the referrals that I had and triaging. And so in my process of triaging, I made that decision.
Q. Do you recall any of the other referrals that you were looking at that day?
A. I don't remember exactly, no.
Q. Do you remember any of them?
MR. ANDRADA: I'm sorry. If she means names...
MS. SHERWIN: No. Not names. Just the situations that the inmates were facing.
Q. Do you remember?
A. I don't remember. It was two years ago. I don't remember.
Q. All of these symptoms that Martin Harrison was displaying were consistent not only with alcohol withdrawal but also consistent with severe alcohol withdrawal or delirium tremens. Is that a fair statement?
MR. ANDRADA: Objection. Vague and ambiguous, overly broad. No foundation.
But go ahead if you can.
THE WITNESS: Yes, they could be.
MS. SHERWIN: Q. And if Martin Harrison were in delirium tremens, that would be a medical emergency requiring immediate medical care. Is that right?
MR. ANDRADA: Objection. Vague and ambiguous.

Overly broad. Calls for speculation.
Go ahead.
THE WITNESS: Yes, it could be.
MS. SHERWIN: Q. As you sit here today, can you think of any other inmates who were facing a potential medical emergency requiring immediate medical care on the day that you received the call about Martin Harrison?
A. I don't remember. I mean, I have -- I don't remember exactly.
Q. So you stopped by Mr. Harrison's housing unit about half an hour after talking to the technician, correct?
A. Yes.
Q. In the course of your triaging, after having been informed that the deputy supervising Martin Harrison would be leaving in half an hour, did you take into account that fact?
A. Could you repeat the question?
Q. Sure. When you were triaging which inmate to see first, did you take into account the fact that Martin Harrison's supervising deputy would be leaving in half an hour?
A. Yes. I think so.
Q. And by the time you stopped by the housing unit, the deputy was already gone, right?

A. Yes.
Q. Did you ask for the housing unit to call another deputy?
A. No.
Q. Did you call and see if you could get another deputy there so you could evaluate Martin Harrison?
A. No.
Q. If you had asked for a deputy to come and help you so you could evaluate Martin Harrison, do you have any reason to think that no deputy would have come?
MR. ANDRADA: Calls for speculation.
But go ahead and answer if you can.
THE WITNESS: Can you ask the question again?
MS. SHERWIN: Q. Sure. If you asked for a deputy to come so you could evaluate Martin Harrison, given your experience at the Santa Rita Jail, a deputy would have come and helped you, right?
A. Yes.
Q. When you evaluate an inmate who is behaving bizarrely, not oriented to time or place, and mumbling incoherently, what typically is the procedure that you and the deputy follow with respect to you getting access to the inmate to interview him?
A. Can you ask the question again?
MS. SHERWIN: Could you read that back, please.

(Record read as follows:
"QUESTION: When you evaluate an inmate who is behaving bizarrely, not oriented to time or place, and mumbling incoherently, what typically is the procedure that you and the deputy follow with respect to you getting access to the inmate to interview him?")
THE WITNESS: The deputy will usually go with me to evaluate the client.
MS. SHERWIN: Q. And then, what typically happens once you and the deputy are outside the client's cell door?
A. Well, usually -- it depends. Either they'll open the cuffing port, or fully open the door for me to talk with them, or they'll bring the person out to talk with me. Depending on the situation.
Q. If the inmate might possibly be dangerous, the deputy opens the cuffing port, right?
MR. ANDRADA: Objection. Vague and ambiguous. Overly broad.
Go ahead.
THE WITNESS: They sometimes do. Sometimes they don't.
MS. SHERWIN: Q. So if a deputy opens a cuffing

port, what happens at that point?
A. You interview a person.
Q. You interview the person through the cuffing port?
A. Um-hmm.
Q. You need to answer audibly for the record.
A. Yes.
Q. Have you had deputies open the cuffing port and handcuff the inmate through the port before you interview them?
A. Not in my experience.
Q. If a deputy brings the inmate out for you to interview them, where does the interview typically take place?
A. It can take place either in the hallway, or it can take place at one of the tables.
Q. And when you say "in the hallway," is that a place that would be accessible to other people who are not party to the conversation to hear the conversation?
A. Yeah, I guess so.
Q. When you say "at one of the tables," what are you referring to?
A. There's tables in the housing unit. Like, in, yeah, in the housing unit, where the pods are.
Q. When you interview inmates at the tables, are

those interviews also taking place in a location where people who are not a party to the conversation could hear the conversation?
A. Potentially, yes.
Q. Now, you went and looked into Martin Harrison's cell when you went to the housing unit around 5:00 p.m., right?
A. Yes.
Q. And it appeared to you that he was standing at the toilet, correct?
A. Yes.
Q. At that point, did it occur to you to wait until Mr. Harrison was done using the toilet and then call a deputy to come and help interview the inmate?
MR. ANDRADA: Assumes facts not in evidence with regard to use of the toilet. It's further vague and ambiguous.
But go ahead.
THE WITNESS: Can you ask the question again.
(Record read as follows:
"QUESTION: At that point, did it occur to you to wait until Mr. Harrison was done using the toilet and then call a deputy to come and help interview the inmate?")

THE WITNESS: No.
MS. SHERWIN: Q. What did you do after you saw Martin Harrison standing at the toilet?
A. I walked out of the housing unit. I saw him as I was walking out. As I was walking out and continued to walk out.
Q. Where did you go?
A. Back to booking, I think.
Q. If you had evaluated Martin Harrison and determined that he was exhibiting the signs and symptoms of either alcohol withdrawal or delirium tremens, what would you have done?
A. I would have probably contacted the nurse.
Q. Is there any policy or procedure within Alameda County that governed what you would have done in response to evaluating Martin Harrison and seeing that he was exhibiting signs and symptoms of either alcohol withdrawal or delirium tremens?
A. I believe I would contact the nurse, medical.
Q. By telephone?
A. Yes. Unless they were in the housing unit. And let them know.
Q. Then you called the housing unit again around 6:00 p.m. and spoke with Deputy Ahlf, right?
A. Yes. That's what I wrote.

Q. And Deputy Ahlf told you that he was the one who played Martin Harrison in the observation cell. Is that right?
A. Yes.
Q. And he told you he did that about 4:00 in the morning, right?
A. Yes.
Q. And Deputy Ahlf told you that he put Martin into the observation cell because of Martin's bizarre behavior, being disoriented to time and place, and mumbling incoherently, correct?
A. Yes.
Q. And you knew that all of those signs and symptoms are consistent with both alcohol withdrawal and delirium tremens, right?
A. Yes.
Q. Deputy Ahlf told you that a nurse found that Martin Harrison had not received any medications. Is that correct?
A. Yes.
Q. Did you tell Deputy Ahlf to get a nurse to come and evaluate Martin Harrison?
A. I don't remember.
Q. Did it occur to you, given the fact that Martin Harrison was exhibiting signs and symptoms consistent with

both alcohol withdrawal and the medical emergency of delirium tremens, that Mr. Harrison should be evaluated by medical professionals?

A. I don't know. I would assume, yes. Yeah.

Q. Did you call anyone in the medical staff after talking to Deputy Ahlf?

A. I don't remember if I did or not.

Q. Do you recall having done anything to get Martin Harrison medical care after your conversation with Deputy Ahlf?

A. I don't remember.

Q. Do you recall having done anything to get Martin Harrison medical care at any time?

A. I don't remember if I did or not. I would imagine that I would have called the nurse to find out. Usually I will. But I don't remember if I did specifically.

Q. And if you had contacted the nurse to get Martin Harrison medical care, you would have included that in your progress note or your timeline of events, right?

A. Probably, yes.

Q. Okay. So the fact that there is no such call documented in either of those documents you wrote regarding Martin Harrison is an indication that you did not do that, right?

A. No.

Q. When you did your research on Martin Harrison, did you see any individualized treatment plan for him regarding management of his chemical dependency?

A. No.

Q. When you spoke to Deputy Ahlf on the telephone, did he tell you that he did not request any evaluation of Martin Harrison when he put him in the observation cell at 4:00 in the morning?

A. Can you ask the question again.

MS. SHERWIN: Read the question back, please.

(Record read as follows:

"QUESTION: When you spoke to Deputy Ahlf on the telephone, did he tell you that he did not request any evaluation of Martin Harrison when he put him in the observation cell at 4:00 in the morning?")

MR. ANDRADA: Do you understand?

THE WITNESS: I don't understand.

MR. ANDRADA: Then she can rephrase it.

MS. SHERWIN: Q. Did Deputy Ahlf tell you that he never requested any evaluation of Martin Harrison when he put Martin in the evaluation cell at 4:00 in the morning?

MR. ANDRADA: Again, vague and ambiguous. Overly broad.

A. Yeah. I guess so.

MS. SHERWIN: Please mark this next in order.

(Plaintiffs' Exhibit 6 was marked for identification.)

MS. SHERWIN: Q. I'm going to hand you what has been marked as Exhibit 6 to your deposition, which, for the record, is a two-page fax that my office received in response to our request for Martin Harrison's complete records from Criminal Justice Mental Health Program.

Have you seen documents like that before today?

MR. ANDRADA: Vague and ambiguous as to what you mean by documents like that.

MS. SHERWIN: Response to request for records.

Q. Have you seen documents like that before in the course of your job?

A. Yeah. In charts.

Q. When you reviewed -- strike that.

When you did your research about Martin Harrison, is it correct to say that you saw no records of Martin Harrison ever being seen by anyone within Criminal Justice Mental Health?

A. Correct.

Q. When you did your research on Martin Harrison, did you see any medical plan related to him being placed on the CIWA?

Go ahead.

THE WITNESS: No.

MS. SHERWIN: Q. Did he tell you that he had requested an evaluation of Martin Harrison when he put Martin in the isolation cell at 4:00 in the morning?

A. I don't remember. I think so. I don't know.

Q. In your creation of your time line, you were being as complete as possible regarding the events related to Mr. Harrison, correct?

A. I think so, yes.

MR. ANDRADA: How are you doing? Do you want to take a break? Are you all right?

THE WITNESS: I'm fine.

MS. SHERWIN: Q. In your conversation with Deputy Ahlf, he told you that the nurse had found that Martin was not receiving any medication, and Deputy Ahlf placed him in the ISO cell, right?

A. Yes.

Q. Was it your understanding -- I'm sorry. I didn't mean to interrupt you.

A. No. I was just saying that's what I wrote.

Q. Was it your understanding that Deputy Ahlf was telling you that he talked to a nurse before placing Martin in the ISO cell?

MR. ANDRADA: Vague and ambiguous as to before.

But go ahead.
THE WITNESS: That would be my understanding if he was reporting from the nurse.
MS. SHERWIN: Q. Why didn't you go and evaluate Martin Harrison after taking to Deputy Ahlf at 6:00 p.m., at about 6:00 p.m.?
A. I would imagine I was triaging the -- all of the people that I was seeing, which I do throughout my shift. And seeing those people and then getting there as soon as I could.
Q. But leaving aside what you imagine, as you sit here today, do you know why you did not go to the housing unit for another hour after talking to Deputy Ahlf?
A. I was seeing other people? That would be what I think.
Q. Did you tell Deputy Ahlf that Martin Harrison might be in alcohol withdrawal or delirium tremens which is a medical emergency?
MR. ANDRADA: Well, assumes facts not in evidence. It's overly broad.
But go ahead.
THE WITNESS: I don't know if I told him that. Given all of the information that I had, I would imagine that I would have. But I don't remember if I did or not.
MS. SHERWIN: Q. You should have told Deputy Ahlf

of looking through the cases, the case files that you have, are there occasions where you come across a case during triage that needs immediate attention where you stop the process of triaging the other cases in order to attend to the case that needs immediate attention?
A. Yes. I could get a call or -- I mean, I don't usually just drop everything and run. Because we get -- like I said, we get all of these different calls and referrals from all these different places. So I research and try to collaborate with people to get as much information as I can.
Q. Are there times that you can use, like, a telephone or some other means of communication to communicate to somebody to closely supervise or closely monitor an inmate while --
A. Um-hmm, yes.
Q. Let me finish the question.
-- while you're in the process of triaging or completing your triaging process?
A. Yes.
Q. Did that happen in this case?
MR. ANDRADA: Objection. Vague and ambiguous. Did what happen?
MR. NISENBAUM: Q. Did you make a call or any have communication with anyone while you were in the process of

that Martin Harrison might be in alcohol withdrawal or delirium tremens, right?
MR. ANDRADA: Objection. Vague and ambiguous. Argumentative.
Go ahead if you can.
THE WITNESS: Yeah.
MS. SHERWIN: I have no further questions.
MR. NISENBAUM: I just have a quick question.
EXAMINATION BY MR. NISENBAUM
MR. NISENBAUM: Q. What is the purpose of triaging people?
A. It's to determine the level of acuity.
Q. What does that mean?
A. We get calls and referrals for lots of people. And we have to look at safety, and history, and determining, I guess, triaging that way. So if somebody is a risk of safety to themselves or others because they're in a safety cell or they're on an IOL for suicidal or homicidal thoughts, those are -- that's part of the triaging process is determining, I guess, that level of safety.
Q. Is triaging -- does that refer to the level of potential dangerousness of a person's present condition?
A. Yes.
Q. And do you have the ability to, in the course

triaging in order to ensure that Mr. Harrison was more closely supervised during the time period when you would not be able to attend to him because you were completing triage?
A. I did make contact. I did call. If somebody is in an isolation cell, I would imagine that they are being monitored. That's the understanding of when someone is in an isolation cell. So they used isolation cell for many different things.
So I do contact and make -- and talk with whoever I can. But when somebody is in an isolation cell, I would imagine they are being monitored.
Q. I know that there was a communication about the deputy who would be leaving in half an hour.
A. Um-hmm.
Q. My question is, was there any communication that you had with whoever you might have spoken with at that time about making sure that Mr. Harrison was closely supervised?
A. Not that I know of.
Q. And was there any communication that you had with respect to ensuring that Mr. Harrison was closely supervised before you could attend to him?
A. No.
MR. NISENBAUM: Thank you.

MR. ANDRADA: Okay.
MS. SHERWIN: No questions. Thanks.
(Deposition concluded at 11:45 a.m.)
---oOo---

MEGAN HAST

July 16, 2012

MEGAN HAST
c/o J. RANDALL ANDRADA
ANDRADA & ASSOCIATES
180 Grand Avenue, Suite 225
Oakland, California 94612

RE: Harrison vs. County of Alameda

Dear Ms. Hast:
Your deposition transcript has been prepared and is available at our office for reading, correcting and signing, and shall remain so available for 35 days. Should you wish to review your deposition transcript, please contact our office for an appointment.

Sincerely,

Joan Grier, C.S.R.

cc: All counsel

STATE OF CALIFORNIA)
) ss
COUNTY OF ALAMEDA)

I, Joan Grier, hereby certify that the witness in the foregoing deposition named

MEGAN HAST

was by me duly sworn to testify to the truth, the whole truth, and nothing but the truth in the within-entitled cause; that said deposition was taken at the time and place herein named; that the testimony of said witness was reported by me, a certified shorthand reporter and a disinterested person, and thereafter transcribed into typewriting.

And I further certify that I am not of counsel or attorney for either or any of the parties to said deposition, nor in any way interested in the outcome of the cause named in said caption.

Date_____ _____
Joan Grier, C.S.R.

Timeline of Events for CJMH during 8/16/10 I/M incident

~ about 1600 This writer listened to a phone message received about 1530 from HU33 Deputy asking for CJMH to evaluate I/M Harrison, Martin BDH226, who was placed in ISO cell/IOL for bizarre behavior.

~ about 1630 This writer called HU33 and spoke with the Technician who reported that the Deputy shift change would be happening and the Deputy would be leaving in about a half hour.

~ about 1700 This writer stopped by HU33 to see if a deputy was still in HU to do the evaluation of I/M, however, Tech reported that the Deputy was gone and the Deputy for the next shift had not arrived yet. This writer briefly checked on I/M through the ISO cell window and he appeared to be standing at the toilet using the restroom, then left.

~ about 1800 This writer called HU33 to see if could come out to evaluate I/M and spoke with Deputy Ahlf, who reported that he was the one who had placed the I/M in the ISO cell about 0400 that morning due to his bizarre behavior, being disoriented to place, time, and mumbling incoherently. Deputy reported that nurse found he was not receiving any meds, and deputy placed him in the ISO cell.

~ about 1900 This writer went to HU33 as soon as available to evaluate I/M, but Deputy Ahlf reported that I/M had become agitated when he tried to move him from the cell which he flooded and broke his food tray in, to a clean cell and I/M was tazed and was being sent to the hospital.

ITR ACTIVITY LOG

Source (enter code)	Last name, first name	PFN#	Service (enter code)	Outcome (enter codes)	APPT. DATE	Notes
1			I/S	~~10~~ 9,12	8/25	meds bridged 14 days
1			I/S	9	8/25	
1	(IOL)		I/S	1,7	8/19	
1			I/S	9	8/25	
1			I/S	9	8/25	
4	Harrison, Martin	BDH226	PN/NS	22	8/~~18~~	* ct sent code 3 to Valley Med
1			MHR	9	8/27	
4	(IOL)		PN/NS	1,7,14	cont 8/19 ar	Open to Carlson
1			I/S	9	8/30	
1			I/S	9,12	8/26	meds bridged 14 days
1			MHR	8	8/19 W24	
1			MHR	7	8/20	
6			PN/NS	9,14,10	8/17 TCO	
	(I S/C)					

*Open = Patient has a CJ Santa Rita open episode OR patient has been screened previously during this incarceration and given an appointment (to be opened)

Source Codes	Service Codes	Outcome Codes (enter all that apply)			
1. ITR Nurse 2. IOL List 3. Safety Cell 4. HU 5. ITR Deputy 6. Other	I/S = Initial Screening (321) – seen MHR = Referral only (not seen) P/N-S = Progress Notes-Seen (371) P/N-NS = Progress Notes-Not Seen (311) C=Class form only (371) A=Assessment (321)	1. IOL initiated 2. IOL continued 3. IOL D/C'd 4. Safety Cell initiated 5. Safety Cell continued 6. Safety Cell D/C'd	7. Mental house 8. Ad seg house 9. Mainline house 10. IDC 11. 5150 12. Bridge Meds ordered	13. Does not meet criteria 14. *Already Open 15. Other (specify) 16. NIC 17. Detoxing	18. Med verification sent 19. Med verification rec'd 20. Reclass mental 21. Reclass mainline 22. Other

Screener Name: M. Hast AM (PM) page 1 of 2 Date: 8/16/10

ITR Activity Log Rev. 10/2609

ITR ACTIVITY LOG

Source (enter code)	Last name, first name	PFN#	Service (enter code)	Outcome (enter codes)	APPT. DATE	Notes
1	[redacted]	[redacted]	MHR	7,18	8/19	
1	[redacted]	[redacted]	MHR	9	8/25	

*Open = Patient has a CJ Santa Rita open episode OR patient has been screened previously during this incarceration and given an appointment (to be opened)

Source Codes	Service Codes	Outcome Codes (enter all that apply)			
1. ITR Nurse 2. IOL List 3. Safety Cell 4. HU 5. ITR Deputy 6. Other	IS = Initial Screening (321) – seen MHR = Referral only (not seen) PN-S = Progress Notes-Seen (371) PN-NS = Progress Notes-Not Seen (311) C=Class form only (171) A=Assessment (335)	1. IOL initiated 2. IOL continued 3. IOL D/C'd 4. Safety Cell initiated 5. Safety Cell continued 6. Safety Cell D/C'd	7. Mental house 8. Ad seg house 9. Mainline house 10. ICC 11. 5150 12. Bridge Meds ordered	13. Does not meet criteria 14. *Already Open 15. Other (specify) 16. NIC 17. Detoxing	18. Med verification sent 19. Med verification rec'd 20. Reclass mental 21. Reclass mainline 22. Other

Screener Name M. Hus AM PM Date: 8/16/10

ITR Activity Log. Rev. 10/26/09

MK

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

FY1

Progress Notes
Mental Health Services

Client Name: Harrison, Martin
Birthdate: [redacted] Admit Date:
Chart No.: BDH 226 Reporting Unit:
PSP Client ID No.:

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date	Amt. of Time	Loc.	Srvc. Type	Prob. No.
8/16/12	311	1:00		

Received message from HU33 Dep re: I/M who was placed on IQ, in ISD cell this AM due to bizarre behavior and statements, not oriented to place, believed he was in his apt and women there. Per dep he was mumbling incoherently saw nurse, but not receive any meds. I/M came into custody 8/13, denied MH problems in nurse screener so no referral made. Only reported alcohol use and placed on CIWA. I/M has no PSP hx. This writer initially unable to eval I/M b/c dep staff was unavailable. When this writer went to eval, when dep staff availab deps reported that I/M was tazed during a struggle with dep staff while I/M was being moved to a different cell as he had flooded current cell and broke his foo trays. Per Dep, I/M was agitated and yelling, at the wall, that someone was trying to kill hi I/M was sent code 3 to Valley Medical. Will schedule f/u TBA/MD 8/18

EXHIBIT 2
Deponent Hast
Date 7/2/12 Rptr JG
WWW.DEPOBOOK.COM

Megan Hast, ASW
Psychiatric Social Worker
CJMH Staff # 8108
Date: Stability Rating [ ]

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6
Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
311	Collateral	341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services
321	Evaluation	351	Group Therapy	381	Individual Rehabilitation	581	Plan Development

For AB3632 services the ending digit for each code is a (2) except for No Show

STATE OF CALIFORNIA

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

STATE FILE NUMBER: 3201001005318
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
MARTIN	CHESTER	HARRISON

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
[redacted]	50					M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	[redacted]	YES [X] NO UNK	DIVORCED	08/18/2010	0459

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	YES [X] NO	AFRICAN AMERICAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
CLERK	WHOLESALE ELECTRICAL SUPPLY	24

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
OAKLAND	ALAMEDA	94607	15	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. MAILING ADDRESS (Street and number, or P.O. Box, City, State, Zip)
KRYSTLE HARRISON, DAUGHTER	[redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	

31. NAME OF FATHER/PARENT–FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
IRVILLE	-	HARRISON	KS

35. NAME OF MOTHER/PARENT–FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
WILMANETTE	-	BOLLING	TX

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
08/30/2010	RES. TIFFANY HARRISON [redacted]	

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/RES	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
CHAPEL OF THE CHIMES	FD1240	MUNTU DAVIS, M.D	08/27/2010

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
VALLEY CARE MEDICAL CENTER	[X] IP ERVDP DOA	Hospice Nursing Home/LTC Decedent's Home Other

104. COUNTY	105. FACILITY–ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
ALAMEDA	5555 WEST LAS POSITAS BOULEVARD	PLEASANTON

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events – diseases, injuries, or complications – that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) CAUSE UNDER INVESTIGATION	(a1) INVS
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b)	(b1)
	(c)	(c1)
	(d)	(d1)

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
[X] YES NO	YES [X] NO	[X] YES NO	[X] YES NO

Referral Number: 2010-02122

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: -

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) -

113A. IF FEMALE, PREGNANT IN LAST YEAR? YES NO UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy

115. SIGNATURE AND TITLE OF CERTIFIER

116. LICENSE NUMBER

117. DATE mm/dd/ccyy

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

MANNER OF DEATH: Natural, Accident, Homicide, Suicide, [X] Pending Investigation, Could not be determined

120. INJURED AT WORK? YES NO UNK

121. INJURY DATE mm/dd/ccyy

122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home; construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
FREDERICK E HAMILTON	08/19/2010	FREDERICK E HAMILTON, SERGEANT

STATE REGISTRAR: A | B | C | D | E

010001005730B7

FAX AUTH.#

000782834

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ALAMEDA } ss

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 08/31/2010

MD

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 3
Deponent's Initials
Date 7/2/12 Rptr LG
WWW.DEPOBOOK.COM

Prison Health Services

Death Summary

To: Lt. S. Sexton

From: Dr. Maria Magat

Date: August 18, 2010

Re: Harrison, Martin, PFN: BDH226: DOB: [redacted] DOD: 08/18/2010

Mr. Martin Harrison is a 50 year old male who came into custody on 8/13/10. He was screened and mentioned that he drinks alcohol on a daily basis and his last drink was on that day. He had normal vital signs and no other medical/health issues were noted. He submitted a sick call slip on 8/15/10 but did not mention the nature of his medical concern. He was called to sick call on 8/17 however, he was a no show. On 8/16/10 at 1900, the PHS medical staff responded to the inmate being tazed at the housing unit. They found the inmate in the ISO cell, noted to be combative with a spit mask on. The nurse was unable to obtain a blood pressure reading because of the inmate's behavior but obtained a pulse of 57, respiration of 12 and oxygen saturation of 97% on room air. Inmate suddenly was noted to become unresponsive and he was immediately moved to the trauma room. In the trauma room, AED pads were applied but no reading/rhythm registered. CPR was immediately started and 911 was called. An IV line was established and IVF run. The fire department responded as well as the Paramedics who took over the resuscitation process. Inmate was then transferred to Valley Care Hospital and remained there until his demise.

Medical cause of death – cardiac arrest

Pathologic cause of death – coroner's report pending

Respectfully submitted,

Maria Magat, M.D.

PHS

Prison Health Services

PROGRESS NOTES

Date/Time Location	Name: HARRISON, MARTIN DOB: [redacted] PFN: BDH226
8/17/10 (0900)	I/m submitted sick call request - I/m was no show for sick call — M. Harris M. HARRIS LVN

Complete Both Sides Before Using Another Sheet

PHS

Prison Health Services

PROGRESS NOTES

Date/Time Location	Name: HARRISON, Martin DOB: [redacted] PFN: BDH226
8/16/80	(S) @ 1900 a call from H.U. 33 came across the radio as a 232, I/m tazed———
	(O) Upon arrival to H.U. 33, @ 1908. I/m was lying on floor @ nurse IMPERIO taking V/S and several deputies around I/m. I/m has a "spit mask" on. and was found @ that time unresponsive, unable to be stimulated by smelling salt and verbal/physical stimuli — upon that time I/m was placed on the H.U. gurney and taken to the Trauma room. In the trauma room @ 1913 still unresponsive and nurse Imperio unable to obtain a proper B/P. (see nurses progress notes for V/S) I immidially obtained the AED located in the Trauma room, placed the pads on the anterior of his chest and posterior back of inmate Harrism. Unable to obtain a reading from the AED, I persisted to initiate CPR and with that I yelled a CODE 3 @ Deputy Thin. — CPR 32-2 was initiated with Nurse Anna Blyakherova, LVN holding the

Complete Both Sides Before Using Another Sheet

SRJ-211 (11/07)

Date/Time Location	Name: Harrison, Martin DOB: [redacted] PFN: BOH226
8/16/10	the AMBU BAG. At 1925 the fire dept arrived, which Nurse Anna, Nurse Ventura and myself continued to administer chest compressions to assist the fire dept till paramedics arrived. Nurse P. Cat, RN started a line to Lt's (R) AC NS IV Fluid open wide. @1930-35 Paramedics arrived and started a second line on Lt's (L) AC. which they started to administer cardiac drugs. Fire and Paramedics were in Trauma room working on Mr. Harrison till 1950 when they left with Mr. Harrison having an pulse and Fire dept continuing chest compress
	(A) Cardiac compromise.
	(P) F/U C Nursing Director / Assistant Direc. MD. Pt sent to Valley Care CODE 3.
	J M. anderson, RN PM Shift Nursing Sup.

PHS

Prison Health Services

PROGRESS NOTES

Date/Time Location	Name: HARRISON, MARTIN DOB: [redacted] PFN: BDH226
8/16/10	S > S/P TAZED : @ 1913 PER DEPUTY
@ 1910	O > @ 1910, UPON LEARNING THAT AN I/M GOT TAZED, I INFORMED ~~CHARGE NURSE~~ NURSE SUPERVISOR & THE INFIRMARY NURSE OF POSSIBLE ADMITTANCE TO INFIRMARY. OUR CHARGE NURSE, MR. ANDERSON ASKED IF I NEEDED HELP, I SAID I WAS OKAY FOR I HAVEN'T SEEN THE I/M MYSELF YET. I CALLED THE TECHNICIAN TO LET HER KNOW THAT I'M JUST WAITING FOR THEM TO CALL ME WHEN IT'S SAFE TO SEE THE I/M FOR MEDICAL MANAGEMENT. TECHNICIAN SAID THAT IT IS NOT SAFE YET FOR THE I/M IS STILL COMBATIVE / FIGHTING THE DEPUTIES. SEEN I/M @ 1910 @ THE ISO-CELL & SPIT MASK ON & EXTREMITIES ON CHAIN CUFF. 02 SAT @ 97% @ ROOM AIR. UNABLE TO OBTAIN BLOOD PRESSURE, I/M IS STILL RESISTANT & COMBATIVE. PULSE - 57 BPM, BREATHING @ 12 PER MINUTE. @ 1913 I/M WAS TRANSPORTED TO TRAUMA ROOM VIA GURNEY @ TRAUMA ROOM - I/M WAS UNRESPONSIVE TO TACTILE & VERBAL STIMULI. STILL UNABLE TO GET/OBTAIN BLOOD PRESSURE. 02 VIA NEBULIZER @ 15LPM STARTED. CPR STARTED. @ 1915 CALLED FOR CODE 3. IV LINE STARTED. PULSE @ 114, 02 SAT @ 98% WHEN PARAMEDICS ARRIVED C. Imperio, RN

Complete Both Sides Before Using Another Sheet

19-04-976

ALAMEDA COUNTY SHERIFF'S DEPARTMENT
SANTA RITA JAIL/GLENN E. DYER DETENTION FACILITY

BDH226

TEL: (925) 551-6700 **PPD SKIN TEST** FAX: (925) 551-7693

Name: HARRISON, MARTIN D.O.B.: [redacted] P.F.N.: 0107 852 BDH226

_____ PPD Skin Test **NOT APPLIED** due to: _____
(Initiate PPD SKIN TEST EVALUATION Form)

✓ PPD Skin Test **APPLIED** with strength of 5TU at body site: R.A.

Date and Time: 08-13-10 1700 Nurse Signature: Z. Sancho, LVN

Patient Location at time of PPD Skin Test interpretation: 23D

Date and Time Read: 8/15/10 **Induration in millimeters:** 0mm

Nurse Signature: dolhanger/r

NOTE TO PATIENT

YOUR TEST MUST BE READ WITHIN 48-72 HOURS (2-3 DAYS)

IF YOU ARE RELEASED BEFORE THE TEST IS READ

A. CONTACT YOUR HEALTH CARE PROVIDER FOR THE TEST READING OR RETESTING, AND ANY FURTHER EVALUATION THAT MAY BE NEEDED.

B. IF YOU DO NOT HAVE A HEALTH CARE PROVIDER, YOU MAY CONTACT ONE OF THE FOLLOWING CLINICS.

WINTON WELLNESS CENTER
24100 Amador St., Suite 250
Hayward, CA
Tel: (510) 266-1700

EASTMONT WELLNESS CENTER
6955 Foothill Blvd. (2nd Floor of Eastmont Mall)
Oakland, CA
Tel: (510) 567-5700

BERKELEY RESIDENTS
Berkeley City Health Department
830 University Avenue
Berkeley, CA
Tel: (510) 981-5350

Distribution: Original to Medical Records
SRJ-154 (7/06)
CAL 105D (7/2006)

Copy to Patient

EMERGENCY REFERRAL TO HOSPITAL FROM SANTA RITA JAIL

DATE: 8/16/10 TIME: 1915 HRS HOSPITAL: VALLEY - ER

PATIENT NAME: HARRISON, MARTIN DOB: [redacted] PFN: BDH 226

MEDICAL PROBLEM (reason for referral) S/P TASER - brought to the trauma room unresponsive to tactile and verbal stimuli, unable to take BP, Respiration, Pulse 137, O2 sat 94% with mask nebulizer @ 5LPM

AUTHORIZING TRANSPORT: DR. MAGAT

NURSE'S NAME: A. VENTURA RN
(Please Print)

Patient went out by:
SRJ Transport _____
Regional Ambulance _____

Patient was admitted
Yes _____
No _____

If An Ambulance Is Needed:

1. **Transport Only:**
   The Shift Charge Nurse will:
- **Call CODE 2 Ambulance, 1-888-650-5472** to order an ambulance for transport
- Phone Command Post 1 CP1 Ext. 46600
- Inform the control officer of ambulance pending arrival and have him alert back gate and order escort deputy to accompany patient.

2. **Code 3 (EMERGENCY)**
   The Shift Charge Nurse will:
- **Phone Command Post 1 (CP1) Ext 46600**
- Direct Control Officer to call 911 to have an ambulance sent to the jail, to alert the back gate that the ambulance will be arriving, and to supply any escort officer to the outside hospital

Time Notified: 1915 HRS

IN LIFE THREATENING EMERGENCIES:
It is the responsibility of the Charge Nurse to:
- Notify the Head Nurse (home phone number posted in the dispensary, Nurse's Station, Conference Room, and front desk) who will inform the Program Administrator will be called (home phone number and beeper number on control).
- In addition, if the Medical Director has not already been notified, he w ill be contacted as once

Time Notified: _____

FOR OFFICE USE ONLY
SY SN
Insurance
PHS PRE-CERT #

PRISON HEALTH SERVICES INCORPORATED

Emergency Room Referral

Date: 8/16/10

From: ~~VALLEY~~ STA RITA JAIL
(Referring Physician/Institution)

Site Name: _____ Site# _____

To: VALLEY
(Consulting Physician/Address)

Bill direct to:

Prison Health Services
105 Westpark Dr., Suite 200
Brentwood, TN 37027
Attn: Claims Dept.

PRISONERS PLAN ESCAPES!
DO NOT inform prisoners of the date/time of revisits or impending hospitalization.

Inmate's Name: HARRISON, MARTIN

Inmate's I.D. # BDH 226

Date of Birth: [redacted]

Social Security # _____

Written by: A. VENDRA RN

UR Auth # _____

ER PHYSICIANS: If hospital admission is recommended, please notify PHS beforehand.

Name: CHARGE NURSE

Phone: (925) 551 6701

REASON FOR REFERRAL: Include date of onset, present treatment, history of injury or illness, include all x-rays and lab results with consultation.

S/P TAZER — un responsive to tactile at verbal stimuli unable to take BP Respiration Pulse 137 O2 Sat 94% with mask hebreation /

O allergy O medical problems per screening

T _____ P _____ R _____ B/P _____

Financial Responsibility _____

PHYSICIAN'S REPORT

Significant Findings, Including Tests Done: _____

Diagnosis: _____

Orders/Recommendations: _____

M.D. Signature _____ Date ____/____/____

VALLEYCARE HEALTH SYSTEM.

19-04-97

PATIENT REGISTRATION

PATIENT INFORMATION
HARRISON, MARTIN C
DOB: [redacted] **AGE:** 050Y **SEX:** M
5325 BRODER BLVD
DUBLIN, CA 94568
PHONE: 925-551-6500
SOC SEC #: [redacted]

PATIENT EMPLOYER INFORMATION
INMATE
OCC: INMATE

ALTERNATE PHONE: - -

GUARANTOR INFORMATION
PRISON HEALTH SVC, INMATE
5325 BORDER ROAD
DUBLIN, CA 94568
925-551-6500 **Rltn:** OTHER

GUARANTOR EMPLOYER INFORMATION
EMPLOYER GUARANTOR

EMERGENCY CONTACT INFORMATION

LIVES WITH

Home Phone:
Alternate Phone:
Emplyr & Phone:
Rltn:

RELATIVE

Home Phone:
Alternate Phone:
Emplyr & Phone:
Rltn:

CARRIER 1/FC - 3060
PRISON HEALTH SERVICE/TEX
105 WEST PARK DR STE 300
3060
BRENTWOOD, TN 37027
Ph: 925-551-6500
PRISON HEALTH SVC, INMATE
Policy / Grp # / Name
[redacted]

PFN/BDH226

CARRIER 2/FC - 0000
Ph:
Policy / Grp # / Name

CARRIER 3/FC - 0000
Ph:
Policy / Grp # / Name

ADMIT DIAGNOSIS 1 & 2
CARDIAC ARREST HYPERTENSION

ADMIT NOTES 1 & 2

Accident: N **Code:** **Date/Time:**

Admit Phys: WONG, BILL N **Phone:** 925-463-0590
Attend Phys: WONG, BILL N **Phone:** 925-463-0590
Primary PCP: **Phone:**
Refer Phys: **Phone:**

Admit Clerk: CAEWHITEHE
RLGN: NON **RACE:** W **Clergy Visit:** N **Revision Date:** 8/17/10
VIP: BLANK CD-NON VIP **Language:** English **Revision Time:** 7:42:43
DOB: [redacted] **AGE:** 050Y **SEX:** M **Mrtl Sts:** Unknown **Accom CD:** 3 **Room/Bed:** 2806-P
AT: 1 **SC:** 1 **LstAdmt:** 8/16/2010 **Trnsf From:**

ACCOUNT #	PT:	SVC:	ADM Date / Time:	DISC Date / Time:	MED REC #
301528790	C	ICU	8/16/2010 21:41		75-01-75

CAPADDPR01

Prison Health Services Medical Request Form

[Forma de la Petición de los Servicios Médicos]

- ***Inmate – do not write in shaded area.*** *[El interno – no escribe en área sombreada.]*
- ***Place this form in the sick call box or give it to medical staff.*** *[Poner esta forma en la caja enferma de la llamada o darla al personal médico.]*
- ***If you do not complete all information, your appointment may be delayed.*** *[Si usted no termina toda la información, su cita puede ser retrasada.]*
- ***A copy will be given to you after the visit.*** *[Una copia le será dada después de la visita.]*
- ***You may be charged $3.00 for each health care visit.*** *[Usted puede ser cargado $3.00 para cada visita del cuidado médico.]*

DATE [FECHA]	NAME [NOMBRE]: LAST [PASADO]	FIRST [PRIMERO]	MIDDLE [MEDIO]	DOB [NACIMIENTO]	PFN [ID]
8-15-10	~~MARTIN~~ HARRISON	MARTIN	CHESTER	[redacted]	BD H226

HOUSING LOCATION [LOCALIZACIÓN DE LA CUBIERTA]

SRJ: UNIT [UNIDAD] E33 POD/CELL [CÉLULA] D-2 GDDF: FLOOR [PISO] 1 POD/CELL [CÉLULA] _____

CO-PAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF

1. ✓ Patient not seen: ____ NIC ____ DUPLICATE ✓ NO SHOW ____ REFUSED ____ OTA
2. ✓ Visit was for diagnosis or treatment of communicable disease condition.
3. ✓ Visit was for a follow-up requested by the clinician.
4. ✓ Visit was NOT exempt from co-payment. Send ORIGINAL WHITE page to Accounting.

CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	DATE
M. Harris	M. Harris, LVN	8/17/10

Inmate's Signature [Firma Del Interno]	Patient Refused to Sign ☐	Witness if Patient Refused to Sign
[signature]		

Date of Triage: 8/16/10 Signature and Print/Stamp: M. Harris M. Harris, LVN

Disposition: ☒ Sick Call ☐ Specialty Clinic ☐ Other

RELEASE OF RESPONSIBILITY [LANZAMIENTO DE LA RESPONSABILIDAD]

I am refusing sick call due to [Estoy rechazando la llamada enferma debido a]: _____

Date [FECHA] _____ Inmate's Signature [Firma Del Interno] _____ Refused to Sign [Rechazado para Firmar] ☐

CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	Witness if Patient Refused to Sign

Tell us below why you want to see health care staff. In the area below, write down anything you want health care staff to know.
[Decimos abajo porqué usted desea ver a personal del cuidado médico. En el área abajo, anotar cualquier cosa que usted quisiera que el personal del cuidado médico supiera.]

I Was Told To.

Signature of Patient [Firma de la Paciente] [signature] Date [Fecha] 8-15-10

WHITE: Accounting PINK: Health Services File CANARY: Inmate/Patient Revised 1/24/08

Alameda County Sheriff's Office

INTAKE/RECEIVING SCREENING FORM

This form must be completed by the Intake/Receiving Staff
before the arrestee newbook/rebook is received at any Alameda County Jail Facility.

ARRESTEE'S NAME: HARRISON, MARTIN **PFN:** _____

BOOKING DATE: 08/30 **TIME:** 1620

1. Is the arrestee hearing impaired and/or have any other impairments? Yes____ No✓
   Describe: _____
2. Does the arrestee appear to have any mental health problems? Yes____ No✓
   Describe: _____
3. Is the arrestee taking any prescription medications? Yes____ No✓
   Describe: _____
4. Is the arrestee pregnant? Yes____ No✓
5. Has the arrestee been pregnant in the past twelve months? Yes____ No✓
6. Do you have any information or have any observations been made which would indicate that the arrestee has experienced any of the following before, during, or subsequent to arrest?

   A. Loss of Consciousness Yes____ No✓
   B. Seizure Yes____ No✓
   C. Breathing Problems Yes____ No✓
   D. Bizarre or Aggressive Behavior Yes____ No✓
   E. Alcohol or Drug Intoxication Yes____ No✓
   F. Injury, Illness or Contagious Disease Yes____ No✓

   Explain: _____
7. Was the arrestee involved or subjected to any of the following before, during, or subsequent to arrest?

   A. Auto Accident Yes____ No✓
   B. Physical Altercation (see #7) Yes____ No✓
   C. Chemical Agents Yes____ No✓
   D. Total Appendage Restraint Procedure Yes____ No✓
   E. Carotid Restraint Yes____ No✓
   F. Electric Stun Device Yes____ No✓
   G. Baton/impact Weapon Yes____ No✓
   H. Proned Restraint (see #7) Yes____ No✓
8. Note approximate duration of Physical Altercation_____and / or Proned Restraint_____

*An affirmative answer to any of the above questions shall require immediate medical evaluation to establish clearance by Prison Health Services prior to acceptance for Intake into the Alameda County Jail. In all such cases a supervisor shall be notified.

Intake/Receiving Staff	ID#	SRJ	GDJ	Other
N Saulter	1864		X	

MEDICALLY ACCEPTABLE FOR INTAKE: YES_____ NO_____

Medical/Mental Health Reviewer	Date	Time

Transfer to Santa Rita Jail as soon as possible: _____

PD-803 (Rev 02/07/08)

PFN/AJIS 0107852 NAME HATFIELD, LUKE DATE 08/13/10 TIME 1620

CII BDH2226 D.O.B. [redacted] SEX M REMARKS

PREVIOUS COMMITMENT ? ALLERGIES NKDA

VISUAL OBSERVATIONS (EXPLAIN "YES" ANSWERS) CIRCLE Y OR N	YES	NO
1. Is inmate unconscious, or showing signs of bleeding, injury, pain or other symptoms suggesting need for emergency medical referral?	Y	N
2. Is inmate carrying prescribed medication?	Y	N
3. Is there obvious fever or other evidence of infection?	Y	N
4. Is there evidence of body vermin, rashes, needle marks?	Y	N
5. Does inmate appear to be under the influence of, or withdrawing from drug, alcohol, or other unknown substance, or any signs of abnormal behavior?	Y	N
6. Is there evidence of skin lesions, jaundice, or bruises?	Y	N
7. Is inmate's mobility restricted in any way? GENERAL POPULATION PEC	Y	N
8. Does inmate appear agitated, depressed, or confused?	Y	N
9. Does inmate appear developmentally delayed? GRIEVANCE PEC	Y	N
10. Does inmate have a prosthesis, eye glasses, contact lens: not in possession	Y	N

INMATE QUESTIONNAIRE (EXPLAIN "YES" ANSWERS) CIRCLE Y OR N		
11. Ever had diabetes, seizures, asthma, ulcers, high blood pressure, or a heart condition?	Y	N
12. Do you have a psychiatric disorder? What? Last episode	Y	N
13. Are you suicidal now or in the past? When? How?	Y	N
14. Been hospitalized by a psychiatrist or physician in the past year? If yes explain	Y	N
15. Taking medications prescribed by a psychiatrist or physician? (Drug dose, frequency, and last dose)	Y	N
16. On a special diet prescribed by a physician? What?	Y	N
17. Been exposed to or have a contagious or communicable disease? (i.e. AIDS, Hepatitis, sexually transmitted disease, tuberculosis)	Y	N
18. Do you have fever, chills, weight loss, night sweats, cough, fatigue, hemoptysis?	Y	N
19. PPD Given RTA HX of Positive TB Skin test	Y	N
20. Have any dental problems? Dentures?	Y	N
21. Use Alcohol? (type, amount, last use?) q d - LD - today	Y	N
22. Use drugs? (type, amount, last use?)	Y	N
23. Females: Last menses Urine HCG Neg. Pos. Pregnant? Birth control? Recent delivered or aborted?		
24. Have any other medical or mental disabilities you have not told me about?	Y	N
25. Vital signs T 97.6 P 78 R 18 BP 120/79 - 142 lbs		
26. Comments 21 s/p GSW - LLQ		

27. Disposition: Emergency Treatment ____ Infirmary ____ Next Clinic ____ Future Clinic ____
Isolation ____ Observation Log ____ Psychiatric ____

I acknowledge that I have answered all questions truthfully and that I have been told and shown in writing how to obtain medical services.

Z. Sancho, LVN — Nurses Signature

08-13-10 1720 — Date/Time

[signature] — Inmates Signature

37

PFN/AJIS 0107852 NAME JAMES, MARTIN DATE 081310 TIME 1620

CII BDH2216 D.O.B. [redacted] SEX M REMARKS

PREVIOUS COMMITMENT ✓ ALLERGIES NKDA

VISUAL OBSERVATIONS (EXPLAIN "YES" ANSWERS) CIRCLE Y OR N — YES / NO

1. Is inmate unconscious, or showing signs of bleeding, injury, pain or other symptoms suggesting need for emergency medical referral? — Y (N)
2. Is inmate carrying prescribed medication? — Y (N)
3. Is there obvious fever or other evidence of infection? — Y (N)
4. Is there evidence of body vermin, rashes, needle marks? — Y (N)
5. Does inmate appear to be under the influence of, or withdrawing from drug, alcohol, or other unknown substance, or any signs of abnormal behavior? — Y (N)
6. Is there evidence of skin lesions, jaundice, or bruises? — Y (N)
7. Is inmate's mobility restricted in any way? GENERAL POPULATION — Y (N)
8. Does inmate appear agitated, depressed, or confused? PEG — Y (N)
9. Does inmate appear developmentally delayed? GRIEVANCE PEG — Y (N)
10. Does inmate have a prosthesis, eye glasses, contact lens: not in possession — (Y) N

INMATE QUESTIONNAIRE (EXPLAIN "YES" ANSWERS) CIRCLE Y OR N

11. Ever had diabetes, seizures, asthma, ulcers, high blood pressure, or a heart condition? — Y (N)
12. Do you have a psychiatric disorder? What? ____ Last episode ____ — Y (N)
13. Are you suicidal now or in the past? When? ____ How? ____ — Y (N)
14. Been hospitalized by a psychiatrist or physician in the past year? If yes explain ____ — Y (N)
15. Taking medications prescribed by a psychiatrist or physician? (Drug dose, frequency, and last dose) ____ — Y (N)

EXHIBIT 4
Deponent Fast
Date 7/2/12 Rptr JG
WWW.DEPOBOOK.COM

16. On a special diet prescribed by a physician? What? ____ — Y (N)
17. Been exposed to or have a contagious or communicable disease? (i.e. AIDS, Hepatitis, sexually transmitted disease, tuberculosis) ____ — Y (N)
18. Do you have fever, chills, weight loss, night sweats, cough, fatigue, hemoptysis? ____ — Y (N)
19. PPD Given NKA HX ____ of ____ Positive TB Skin test ____ — (Y) N
20. Have any dental problems? Dentures? ____ — Y (N)
21. Use Alcohol? (type, amount, last use?) q d - LD - today — (Y) N
22. Use drugs? (type, amount, last use?) ____ — Y (N)
23. Females: Last menses ____ Urine HCG Neg. ____ Pos. ____ Pregnant? ____ Birth control? ____ Recent delivered or aborted? ____
24. Have any other medical or mental disabilities you have not told me about? ____ — Y (N)
25. Vital signs T 97.6 P 78 R 18 BP 130/79 - 142 lbs
26. Comments Hx of GHB - w/d

ACSO 140

27. Disposition: Emergency Treatment ____ Infirmary ____ Next Clinic ____ Future Clinic ____ Isolation ____ Observation Log ____ Psychiatric ____

I acknowledge that I have answered all questions truthfully and that I have been told and shown in writing how to obtain medical services.

Z. Sancho, LVN — Nurses Signature
08-13-10 — Date/Time
Inmates Signature

ALAMEDA COUNTY SHERIFF'S OFFICE DETENTION AND CORRECTIONS POLICY AND PROCEDURE	NUMBER: 13.01	PAGES: 1 of 4
	RELATED ORDERS: ACA 3-ALDF-4E-02, 4E-09, 4E-10, 4E-17, 4E-24 CALEA 72.6.1, 72.6.5	
	ISSUED DATE: 07/01/89	
	REVIEW DATE: 12/08/06	
	REVISION DATE: 01/01/98	
CHAPTER: Medical and Health Care Services	SUBJECT: Medical and Mental Health Care	

I. **PURPOSE:** To establish policy for providing community standards of health care for all inmates.

II. **POLICY:** The Sheriff's Office will maintain contractual agreements with medical and mental health care professionals to provide all inmates with health care that meets community standards, and complies with all federal, state and local regulations. All health care services will be pursuant to written standards or direct orders, by personnel authorized by law. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations. Proper management of pharmaceuticals will be followed. All correctional and other staff are trained to respond to health-related situations within four minutes. The training program is established by Prison Health Services in the cooperation with the facility Commanding Officer. All medical, psychiatric and dental matters involving medical judgment are the sole province of the responsible physician and dentist. State and federal license, certification or registration requirements and restrictions apply to personnel who provide health care services to inmates.

III. **PROCEDURE:**

A. All health care services, including medical, dental and mental health services, will be delivered under the control of Prison Health Services (PHS) and the Criminal Justice Mental Health Program (CJMH), in compliance with contractual agreements.

B. All inmate initiated medical visits will cost the inmate $3.00 dollars. No inmate will be denied medical care due to their inability to pay a fee.

1. Requests to be seen by a nurse/doctor/dentist will be reviewed by health care staff for fee applicability. No charge will be made for emergency care, initial intake screening, TB testing and subsequent readings, communicable disease treatment, health appraisals, mental health care deemed essential by the clinician, any prenatal/postnatal services, lab and diagnostic services, and any follow up or referral care.

2. Non-inmate initiated visits, should be considered exempt from fees.

3. Any inmate that feels he/she was incorrectly charged, may follow the grievance procedure as specified at each jail.

4. Informational notices and videos will be made available to all inmates at intake and throughout incarceration.

C. INMATE HEALTH CARE REQUESTS:

1. Inmates will use a sick call request slip (Inmate Request for Health care: 455-001), to access the medical health care system.

2. All copies of the sick call request slip will be forwarded to the sick call box, or medical personnel. The third copy will be sent back to the inmate at the conclusion of the medical visit.

D. DEBITING INMATE'S ACCOUNT:

1. After the inmate is seen by the health care provider, the provider will complete the sick call request slip, give the inmate the last copy, forward the original to the inmate's medical file and send the second copy to the Sheriff's Office, accounting department.

2. If the inmate does not attend sick call, he/she will not be charged.

3. Charges for health care will be deducted from the inmate's account when indicated by health care staff. AJIS code "MED" will be used. If the account balance is zero, no posting can be made and the visit is free.

4. Revenue collected will be deposited into revenue account 455-6201, by accounting staff.

5. Monthly statistical reports, will be used to determine the amount of visits billed, the amount of fees billed, the amount collected, the amount uncollectible, and the amounts that have been dropped from accounts receivable.

E. Medical, dental and mental health matters involving clinical judgments, are the sole province of the responsible physician, dentist, psychiatrist or qualified psychologist respectively.

F. Security regulations applicable to all facility personnel will apply to all health care personnel.

G. PHS and CJMH administrators will meet with the facility Commanding Officer or designee at least quarterly, and submit quarterly reports on the health care delivery system and annual statistical reports.

H. PHS and CJMH will maintain up-to-date written policies, procedures, and programs, which are reviewed at least annually, in cooperation with the Criminal Justice Medical Committee and revised if necessary. Each document must bear the date of the most recent review or revision and the signature of the reviewer.

I. The facility Commanding Officer will ensure that adequate space, equipment, supplies, and materials are provided for health care delivered in each facility, in compliance with contractual agreement and through discussion with PHS and CJMH.

J. PHS and CJMH will systematically determine health care personnel requirements in order to provide all inmates access to health care staff and services.

K. PHS and CJMH will ensure their personnel are in compliance with all appropriate state and federal licensure, certification, or registration requirements and restrictions. The duties and responsibilities of their personnel will be governed by written job descriptions, approved jointly by PHS, CJMH and the facility Commanding Officer. Verification of current credentials and job descriptions will be maintained on file in the facility.

L. PHS and CJMH will develop a training program, in cooperation with the facility Commanding Officer, to provide instruction to the Sheriff's Office sworn and civilian staff in the following areas:

1. The ability to respond to health-related situations within four minutes.

2. Recognition of signs and symptoms and knowledge of action required in potential emergency situations.

3. Methods of obtaining assistance.

4. Recognition of signs and symptoms of mental illness, retardation, emotional disturbance and chemical dependency.

5. Procedures for patient transfers to appropriate medical facilities or health care providers.

6. Additionally, the Sheriff's Office shall provide training for all sworn staff in the administration of first aid and cardiopulmonary resuscitation (CPR).

M. Classification will consult with PHS and/or CJMH staff prior to taking action on housing assignments, program assignments, disciplinary action, or transfers in and out of the facility for inmates who are diagnosed as having a psychiatric illness.

N. PHS and CJMH will develop policy and procedure for the proper management of pharmaceuticals, which addresses the following subjects:

1. A formulary specifically developed to the facility.

2. Prescription practices which require that:

a. Psychotropic medications are prescribed only when clinically indicated as one facet of a program of therapy.

b. "Stop order" time periods are required for all medications.

c. The prescribing provider re-evaluates a prescription prior to its renewal.

d. Procedures for medication receipt, storage, dispensing and administration or distribution.

e. Maximum security storage and periodic inventory of all controlled substances, syringes and needles.

f. Dispensing of medicine in conformance with appropriate federal and state law.

g. Administration of medication which is carried out by persons properly trained as appropriate by state law and under the supervision of the health authority and facility Administrator or designee.

h. Accountability for administering or distributing medications in a timely manner, according to physician orders.

O. PHS and CJMH will ensure that persons administering medications do so under the direct supervision of the responsible physician and have received training appropriate to their assignment. They are accountable for administering medications according to orders and recording the administration of medications in a manner, and on a form, approved by the responsible physician.

P. All treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent provider, is performed pursuant to written standing or direct orders by personnel authorized by law to give such orders. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations.

Q. Health care staff will visit inmates in segregation three times a week, unless medical attention is needed more frequently.

R. POLICE REIMBURSEMENT OF PRISONER MEDICAL COSTS: The following, guidelines have been developed to maximize local police agencies utilization of Criminal Justice Medical Program (CJMP) reimbursement for medical services provided to city prisoners. CJMP reimbursement rules are as follows; prior to booking an inmate in the County jail, a city prisoner with a medical need for a:

1. Non-emergency: Medical care is paid by CJMP when done at Ferment, Highland or Washington hospitals. The only non-emergency exceptions are for sexual abuse/assault cases or blood alcohol tests.

2. Emergency: (Life endangered) Medical care at any medical facility is covered by CJMP.

3. Emergency Psychiatric: Care is permitted at Highland Hospital for payment by CJMP. Note: Local police agencies frequently seek the above information from Sheriff's Office personnel. Should further information be required, the police agency is to be advised to call Health Care Services agency at (510) 268-2533.

Alameda County Behavioral Health Care Services
CRIMINAL JUSTICE MENTAL HEALTH PROGRAM
Santa Rita Jail
5325 Broder Blvd.
Dublin, CA 94568
Tel: (925) 551-6740 FAX: (925) 551-6727

FAX COVER PAGE
for
Records Requests

DATE: 10/14/10 # of pages including cover sheet 2

TO: Gina Altomare FAX #: 510-452-5510
Haddad & Sherwin

RE: HARRISON, Martin DOB: [redacted]

☐ As requested, faxing CJMH records on the above-named patient dated _____ through _____.

☑ No record of treatment with CJMH.

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EXHIBIT 4
Deponent Hadt
Date 7/2/12 Rptr JG
WWW.DEPOBOOK.COM

Fax cover page for Records Requests rev. 10/09

ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

Response To
REQUEST FOR RECORDS

Date: **10/14/10**

Requester: **Gina Altomare**

Address: **Haddad & Sherwin**
505 Seventeenth Street
Oakland, CA 94612

Patient Name: **Harrison, Martin** [redacted]

Provider(s) Rendering Treatment: **No record of treatment with Criminal Justice Mental Health**

Date(s) of Treatment: Medical Record Information Provided:

( ) Entire Record	( ) Laboratory Reports	( ) Psychiatric Information General
( ) Medical History	( ) Drug/Alcohol Treatment	( ) Psychiatric Assessment
( ) Discharge Summary	( ) HIV Information	( ) Psychological Testing
( ) Record Notes	( ) Other (specify)_____	( ) Psychological Evaluation

letter
~~Records~~ Mailed [ ] Faxed [✓] Date **10/14/10**

Records Not Found [✓]

Signature B. McClain, for
Sandy Dunch,
CJMH
(925) 551-6827